



## APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities. Please select the appropriate priority category below and submit application with the associated fee. No fee will be assessed to a bona fide nonprofit organization as defined by COMAR 10.15.03.02.

- ☐ High Priority – **Fee: \$450**
- ☐ Moderate Priority – **Fee: \$350**
- ☐ Low Priority – **Fee: \$200**

For mobile food service facilities, please attach a renewed commissary agreement (required yearly).

Mobile Unit License Plate: \_\_\_\_\_

|  |  |   |
|--|--|---|
| Facility Name:   | Facility Phone:  |   |
|  | Facility Email:  |   |
| Facility Address:  |  |   |
| Mailing Address:   |  |   |
| Contact Person:  | Contact Phone:   |   |
|  | Contact Email:   |   |
| Owner:   | Owner Phone:   |   |
|  | Owner Email:   |   |
| Federal Employer ID Number (EIN) (Required):   | Seating Capacity:  |   |
| Operation Is:<br><input type="radio"/> Permanent<br><input type="radio"/> Seasonal (from _____ to _____) | Water Supply:<br><input type="radio"/> Public<br><input type="radio"/> Private | Sewage Disposal:<br><input type="radio"/> Public<br><input type="radio"/> Private |

Applicant Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE – SCHD USE ONLY\*\*\*\*\*

Facility Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Priority:      High      Moderate      Low      Date Expires: \_\_\_\_\_